leeches to the sides of the windpipe and other treatment, the child's mouth was opened and a longitudinal incision made along the dorsum of the tongue. This was followed by free bleeding, and in two hours the tongue was reduced to half its former size. The patient recovered.—*Oester Med. Wochens.* No. 47, 1842.

41. *Hunter's Operation for Aneurism.*—Mr. B. Phillips has collected from various works, 389 cases of aneurism treated by Hunter's method, of which 277 were cured.

	Cases.	Cures.
Subclavian,	80	46
External iliac,	79	62
Carotid,	74	59
Femoral,	113	77
Humoral,	30	24
Various,	13	9
	389	277

—*Arnott's Hunterian Oration*, 1843.

42. *Aneurism.*—Dr. J. Adair Lawrie, Prof. Surgery, Anderson's University, Glasgow, has examined the records of the Glasgow Infirmary, and finds that from the opening of the hospital in 1794, to 1st Jan. 1842, a period of forty-six years, there have been 23 operations "of aneurism for disease." Of these 23 cases he has been able to procure more or less accurate details of 17, from which he has constructed the following table:—

"1. *Sex.*—Of the 17, 13 were males, and 4 females, being in the proportion of 4¼ to 1; giving a large proportion of females. Dr. Hodgson makes the proportion one in thirty-four. Dr. Hope says that, in external aneurisms, it has not exceeded in his experience 'one in fifteen to twenty.'

"2. *Age.*—Excluding the two congenital cases, the ages range from 18 the youngest, to 65 the oldest. There is one under 20; two between 20 and 29; eight between 29 and 40; three between 39 and 50; one above 60. These ages are younger than is generally supposed; the explanation is to be found in the causes of the disease, or at least of the cases which form the table.

"3. *Causes.*—Of the 15 cases not congenital, eight were attributed to violence, either in the form of blows on the artery, as in cases 5 and 13, or from exertion or sprains: this combined with the ages and sex would show that external aneurisms are likely to be most frequently met with in those in the prime of life, whose occupations are fatiguing and laborious, and not in those whose arteries are diseased by age.

"4. *Vessels affected.*—Of the 17 cases, 3 occurred in the vessels of the head, neck, and upper extremities, (viz. 1 temporal; 1 sub-clavian; 1 brachial and vessels of forearm); 14 in those of the lower extremity; viz. 1 profunda femoris; 2 femoral, and 11 popliteal; showing a great disproportion between disease of the vessels of the upper part of the body requiring, or admitting of operation, and those of the lower. Of the lower vessels the popliteal is by much the most frequent cause of operation. This is doubtless attributable to the position of this artery relatively to the knee-joint. Something may also be owing to its being imbedded in cellular tissue, at some depth under the facia, and but loosely supported by the muscles. Of 10 of the popliteal aneurisms in which the limb is stated, 7 were in the left, and 3 in the right. This may have been accidental; but so far as it goes it may appear an objection to the opinion, that the cause of these aneurisms is rather to be sought for in the effect of violence than in disease in the vessels, inasmuch as the right knee is fully as much exposed to injury and over-exertion as the left. It may however admit of explanation, in what I believe to be very frequently the case, that the ligaments of the left knee are more lax than those of the right, allowing the joint to be thrown unduly backwards, and thereby causing a greater strain on the parts placed posterior to it.

No.	Sex.	Age.	Occupation.	Cause.	Vessel diseased.	Vessel tied.	Result.	Remarks—Cause of Death, &c.
1	Female	23	———	Congenital	Cirsoid aneurism of temporal	Common carotid	Cured	
2	Male	65	Weaver	Unknown	Subclavian	Subclavian, close to scalenus.	Died	Died comatose 68 hours after operation; serous cerebral effusion.
3	Ditto.	21	Bleacher	Congenital	Axillary, cirsoid aneurism	Brachial and ulnar.	Cured	
4	Female	18	———	———	Profunda femoris	External iliac	Died	Inflammation of cellular tissue in iliac region; peritonitis.
5	Male	30	Flesher	Kick from an ox	Femoral	Femoral, near Poupart's ligament.	Cured	
6	Ditto.	45	Weaver	———	Left femoral.	Femoral; two ligatures: vessel cut between them.	Not stated	Disease of five months' duration.
7	Ditto.	30	Blacksmith	Sprain	Left popliteal	Ditto. Ditto. Ditto.	Cured	Femoral of right side tied seven months previously.
8	Ditto.	31	Soldier	Fatigue in marching	Right popliteal	Femoral. Amputation	Cured	Gangrene; amputation; ten months' continuance.
9	Ditto.	30	Sailor	Sprain	Right popliteal	Ditto. Ditto.	Died	Gangrene; hæmorrhage from wound of operation; amputation; died in three hours.
10	Ditto.	30	Labourer	Unknown	Popliteal	Femoral	Cured	Ligature came away on ninth day.
11	Female	22	———	Uncertain	Left popliteal	Femoral. Two ligatures.	——	Five months' duration.
12	Male	36	Weaver	Fatigue in walking	Left popliteal	Femoral. Amputation	Died	Gangrene on 9th day; amputation on 34th day; died 6th day after amputation; ligature came off on 22d day.
13	Ditto.	42	Farm servant	Kick in ham	Left popliteal	Femoral	Cured	On *19th day, hemorrhage* from wound of operation arrested by pressure; ligature came off on 36th day.
14	Ditto.	42	Sailor	Unknown	Left popliteal	Femoral	Cured	Ligature came away on 12th day.
15	Female	25	———	Fatigue	Left popliteal	Femoral	Cured	" " " 16th day.
16	Male	32	Street porter	Fall	Left popliteal	Femoral	Cured	" " " 15th day.
17	Ditto.	31	Flesher.	Fall	Right popliteal	Femoral	Cured	" " " 16th day.

No.	Sex.	Age.	Occupation.	Cause.	Vessel injured.	Vessel tied.	Result.	Remarks, &c.
18	Male	50	Old soldier	Ulcer at angle of jaw.	External carotid?	Common carotid	Cured	Hemorrhage from original wound 45 days after the operation: restrained by pressure.
19	Ditto	25	Currier	V. S.	Brachial	Brachial; Hunterian operation	Ditto	Ligature came away on seventh day.
20	Female	20	Spinner	Ditto	Ditto	Brachial; old operation	Ditto	Attempt at cure with button forceps.
21	Ditto	33	Weaver	Ditto	Ditto	Brachial; Hunterian operation	Ditto	Circumscribed; ligature came off on 13th day.
22	Ditto	28	Servant	Ditto	Ditto	Brachial; Hunterian operation.	Died	Erysipelas and abscess of arm; sac opened; discharged pus and clots, ligature came off on 14th day.
23	Male	30	Labourer	Severe lacerated wound of arm	Ditto	Axillary; amputation	Cured	Sloughing and hemorrhage from sac; amputation at shoulder-joint.
24	Ditto	40	Ditto	V. S.	Ditto	Brachial; Hunterian operation.	Cured	Hemorrhage from wound of operation on 20th day; fresh ligature.

"5. *Mortality.*—Of the 17 cases, 4 were fatal; being deaths to recoveries as 1 to 4¼; of these 17, the results of two are uncertain, and in one the operation failed, the patient's life having been saved by amputation; consequently in 5 cases out of 15 the operation failed, the proportion being as 1 to 3—a much greater mortality than I expected. The causes of death were, 1st, serous effusion into the cerebral cavities, in the case of ligature of the subclavian (No. 2). This was doubtless owing to the increased quantity of blood transmitted along the carotids, and suggests in cases of this kind, especially when the patient is advanced in years, the propriety of venesection before and after the operation; shaving the head, keeping it high and cold, and using those means which experience has shown to be best adapted for lessening the quantity of blood in circulation through the brain. 2d. Case 4, ligature of the external iliac, died of inflammation of the tissues in the neighbourhood of the wound of the operation. 3d. Gangrene occurred in three cases (8, 9, 12) of ligature of the femoral for aneurism of the popliteal. In all amputation was performed, two died and one recovered."

Dr. Lawrie also gives the preceding table of seven cases of Traumatic Aneurism.

Of these 7 cases one was in the carotid and six in the brachial. Of the latter, 5 followed venesection, and one an injury; 6 recovered, and one died; but in one the patient was saved by amputation.

"In the 24 cases given in the above tables, secondary hemorrhage took place in 5 (more than 1 in 5); in three from the wound of the operation, in one from the bursting of the sac, and in one from the original wound. In two amputation was performed—one died, and one recovered. In one the wound was reopened and fresh ligatures applied with success. In two pressure was trusted to with success. So far as these statistics go, they teach us to give pressure, as firm as safety will allow, one fair trial, that failing, to secure the vessel, as above advised. Amputation can seldom be justified for uncomplicated hemorrhage, and should only be performed when all other means have been fairly tried and have failed."—*Lond. Med. Gaz.*, Jan. and Feb., 1843.